Fite Original and First Copy with Department of Ecology Second Copy—Owner's Copy 'Third Copy—Driller's Copy

EXHIBIT #1 VIATER WELL REPORT

| Start | Card | No. | |
|-------|------|-----|------|
| | | | |

STATE OF WASHINGTON

| Water Right Pe | rmit No | |
|----------------|---------|------|

| _ | | | | |
|-----|---|--|--------------|------------------------------|
| (1) | OWNER: Name Leonard & Lois Baker | Address 441 East Main St., Freel | .and, W | VA. |
| (2) | LOCATION OF WELL: County Island Lot(2)Sunset | : View Tracts & W Sec. T | N F | · WM |
| (28 |) STREET ADDDRESS OF WELL (or nearest address) 441 East Ma | in St., Freeland, WA 98249 | , , , , , | |
| (3) | PROPOSED USE: Domestic Industrial Municipal DeWater Test Well Dother | (10) WELL LOG or ABANDONMENT PROCEDU | | |
| (4) | TYPE OF WORK: Owner's number of well (if more than one) | Formation: Describe by color, character, size of material a thickness of aquifers and the kind and nature of the material in with at least one entry for each change of information. | and structur | e, and show m penetrated, |
| ` ' | Abandoned New well Method: Dug Bored | MATERIAL | FROM | то |
| | Deepened Cable Driven Reconditioned Reconditioned Deepened Deepene | Hard pan | | |
| (5) | DIMENSIONS: Diameter of well 6 inches. | Blue clay hard silts formation | | |
| | Drilled 279 feet. Depth of completed well 279 ft. | | | |
| (6) | CONSTRUCTION DETAILS: | Water and sand | | |
| (6) | | | <u> </u> | ļ <u>.</u> |
| | Casing installed: Diam. from 6" ft. to ft. | Blue clay | | |
| | Liner installed [] | | | |
| | Threaded Diam, from tt. to tt. | Hard pan | | |
| | Perforations: Yes No X | | ļ | ļ |
| | Type of perforator used | Blue clay and hard silts | | ļ |
| | SIZE of perforations | | 12061 | |
| | perforations fromft. toft. perforations fromft. toft. | Formation | 186' | |
| | perforations from | Links and and | 1200 | 270 |
| | Screens: Yes X No | Water and sand | 260 | 279 |
| | Manufacturer's Name COOK | Plus slav | | |
| | Type Red Brass Model No. | Blue clay | | |
| | Diam. Stot size 8 II from ft. to ft. | | | |
| | Diamft. toft. | | | |
| | Gravel packed: Yes No Size of gravel | | | |
| | Gravel placed from ft. to ft. | RECEIV | ED | |
| | 201 | | | |
| | | AFR 2 4 20 | n 7 | |
| | Material used in seal Did any strata contain unusable water? Yes No | | | |
| | Type of water? Water Depth of strata | DEPT. OF ECC | LOGY | |
| | Method of sealing strate off | DEF 1. Of EGG | | |
| (7) | PUMP: Manufacturer's Name Diming | | | |
| (,, | Type: submersible H.P. 3/4 Hrs | | | |
| | | | | |
| (8) | WATER LEVELS: Land-surface elevation above mean sea levelft. | | | |
| | Static levelft. below top of well Date | | | |
| | Artesian pressurelbs. per square inch Date | | | |
| | (Cap, valve, etc.)) | Work started, 19. Completed | | 19 |
| (9) | WELL TESTS: Drawdown is amount water level is lowered below static level Was a pump test made? Yes X No if yes, by whom? Well driller | | | |
| | Yield: 15 gal./min. with 4 ft. drawdown after 2 hrs. | WELL CONSTRUCTOR CERTIFICATION: | | |
| | " It II II | l'constructed and/or accept responsibility for const and its compliance with all Washington well cons | | |
| | | Materials used and the information reported above | | |
| | Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level) | knowledge and belief. | | |
| | Time Water Level Time Water Level Time Water Level | Tolond Well Deillins | | |
| | 32' l½ hrs. | NAME Island Well Drilling (PERSON, FIRM, OR CORPORATION) | (TYPE OF | PRINT) |
| | | Address Rt Hl, Freeland, WA 98249 | | |
| | Data attack | Audiess | | |
| | Date of test | (Signed) Company Sewing | lo | |
| | Bailer test 15 gal./min. with 4 ft. drawdown after hrs. | Contractor's (WELL DRILLER) | · | |
| | Airtest gal./min. with stem set at ft. for hrs. | Registration | | |
| | Artesian flow g.p.m. Date | No Date | | ., 19 |
| | remperature of water Was a chemical analysis made? Yes No X | (USE ADDITIONAL SHEETS IE NECESS | (ARY) | |



Location marked on air photo (please attach)

Well Tagging Form

Unique Well Tag No: APH298 RECORD VERIFICATION (check / one) Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you) Verification inconclusive Well Report not available WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT RECEIVED Name: Sunset View Water System AFR 2 4 2007 DEPT. OF ECOLOGY.... City: Greeland State: WA WELL LOCATION IF DIFFERENT FROM WELL REPORT Well Address: 4697 Rhodie Ln/S8275-00-00013-0 City: Greenbank County: Island T. 30N R. 02E W.M. Sec. 32 NW 1/4 of the SW 1/4 FOR ACENCY USE ONLY **GPS** Latitude: 48 2.427313 Topographic Map Longitude: 122 35.51601 Survey Computer generated Elevation at land surface 278 (feet) meters (circle one) Digital Altimeter Topographic Map Additional Information, if available: Other: Computer Generated from **DEM and GPS XY Coordinates** Location marked on topographic map (please attach) Tag placed and well GPS'd by: ■

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WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

Pumphouse Is Blue Shed With White Trim On Left Upon Entering Property

| Location o | fΜ | /ell | Identification (| Tag: |
|------------|----|------|------------------|------|
|------------|----|------|------------------|------|

| Was supplemental tag needed for easy of identifying we | ∍ll? |
|--|------|
|--|------|

Yes

√ No

If yes, where was tag placed?

| D | С | В | А |
|---|---|----|---|
| Е | F | G | Н |
| M | L | K. | J |
| N | Р | Q | R |

SECTION: 30N/02E-32

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right #_

Date Issued:

Circle One:

Application

Permit

Certificate

Claim

Exempt